

PT 1 OF PG:2

Defendant No. 1 Name NEW YORK CITY(CORP.COUNSEL) Shield # N/A
 Where Currently Employed DEPARTMENT OF CORRECTION(N.Y.C)
 Address 100 CENTER STREET,NEW YORK, NY 10007

Defendant No. 2 Name DR DORA B. SCHRIOR Shield # N/A
 Where Currently Employed RIKER'S ISLAND,N.Y.C DEPT-OF-CORREC-
 Address TIONS 75-20 ASTORIA BOULEVARD,SUITE,305
EAST ELMHURST,NEW YORK 11370

Defendant No. 3 Name C.O. BARRETTE(JANE DOE)(DEP) Shield # N/A
 Where Currently Employed ANNA M.KROSS CENTER RIKER'S ISLAND
 Address QUAD 1 LOWER,TOUR:1500HR-2300HR/2400HR-1800HR
(NEXT DAY)

Defendant No. 4 Name C.O. CANTY(JANE DOE)(DEP) Shield # N/A
 Where Currently Employed ANNA M.KROSS CENTER RIKER'S ISLAND
 Address QUAD 1 LOWER,TOUR:1500HR-2300HR/2400HR-1800HR
(NEXT DAY)

Defendant No. 5 Name C.O. WASHINGTON(JANE DOE)(CAPTAIN) Shield # N/A
 Where Currently Employed ANNA M.KROSS CENTER,RIKER'S ISLAND
 Address QUAD 1 LOWER TOUR 1500HR-2300HR/2400HR-1800HR
(NEXT DAY)

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? ANNA.M.KROSS CENTER
RIKER'S ISLAND 18-18 HAZEN STREET,EAST ELMHURST NEW YORK11370
- B. Where in the institution did the events giving rise to your claim(s) occur? QUAD 1 LOWER
IN THE ASSIGNED IN FRONT OF HALLWAY,NEXT TO THE GATE ENTRANCE
- C. What date and approximate time did the events giving rise to your claim(s) occur? ON OR ABOUT
THE DAY OF 18 DAY OF AUGUST 2009 APPROXIMATELY 1300HRS IN THE FORE
NOON

PT2 OF PG2

Defendant No. 6 Name C.O. ACHADO(JOHN DOE)(CAPTIAN) Shield # 144
 Where Currently Employed ANNA.M.KROSS CENTER RIKER'S ISLAND
 Address QUAD 1 LOWER, TOUR:1500HR-2300/2400HR-1800HR
(NEXT DAY)

Defendant No. 7 Name C.O. CRUZ(JOHN DOE)(CAPTAIN) Shield # UKN
 Where Currently Employed ANNA.M.KROSS CENTER RIKER'S ISLAND
 Address QUAD 1 LOWER, TOUR:1500-2300/2400HR-1800HR
(NEXT DAY)

Defendant No. 8 Name C.O. FLANNING(JOHN DOE)(CAPTAIN) Shield # UKN
 Where Currently Employed ANNA.M.KROSS CENTER RIKER'S ISLAND
 Address QUAD 1 LOWER, TOUR:1500HR-2300/2400HR-1800HR
(NEXT DAY)

Defendant No. 9 Name C.O. MITCHELLE(JOHN DOE)(CAPTAIN) Shield # 700
 Where Currently Employed ANNA.M.KROSS CENTER RIKER'S ISLAND
 Address QUAD 1 LOWER, TOUR:1500HR-2300HR/2400HR-1800HR
(NEXT DAY)

Defendant No. 10 Name C.O. RUGGIERO(JOHN DOE)(DEP) Shield # UKN
 Where Currently Employed ANNA.M.KROSS CENTER RIKER'S ISLAND
 Address QUAD 1 LOWER, TOUR:1500HR-2300HR/2400HR-1800HR
(NEXT DAY)

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? ANNA.M.KROSS, CENTER RIKER'S ISLAND 18-18 HHAZEN STREET, EAST ELMHURST NEW YORK 11370.

B. Where in the institution did the events giving rise to your claim(s) occur? QUAD 1 LOWER IN THE ASSIGNED IN FRONT OF HALLWAY, NEXT TO THE GATE ENTRANCE.

C. What date and approximate time did the events giving rise to your claim(s) occur? ON OR ABOUT THE DAY OF 18 DAY OF AUGUST 2009 APPROXIMATELY 1300HRS IN THE FORE NOON

What
happened
to you?

D. Facts: NEW YORK CITY WAS NOTIFIED OF SITUATION OF NEGLIGENCE OF WATER BEEN RUNNING OUT OF 14 QUAD LOWER CLOSET DOOR AND CELL 1AND2 FOR APPROXIMATELY FOR 5MONTHS ON OR ABOUT MARCH 1,2009 TO AUG 17,2009.THAT CAUSE SLIPPERY FLOOR, THAT CAUSE ME JOEL JOHNSON B/C 113-09-00003 TO SLIP AND FELL ON TWO OCCURRENCE AND HURTING MYSELF AND I HAVE TO BE USEING WHEEL-CHAIRAND/CRUTCHES.SO DEP CANTY(JANE-DOE) GIVE STIFF COMMAND TO ALL DETAINEES IN14 QUAD LOWER INCLUDED ME JOEL JOHNSON TO PACK OUR STUFF(CLOTHES)AND WILL BE TRANSFER TO QUAD 1LOWER.ALL THE ABUSE STARED WHEN THE CITY OF NEW YORK AND THESE HIGH RANKING OFFICERS ABOVE WAS GREAT ASSISTANCE TO PUT DETAINEES IN QUAD 1LOWER AND KNOWING THAT QUAD 1LOWER WAS INHUMANE CONDITION FOR DETAINEES AND THERE OWN OFFICERS WHO WORK THAT TOURS WHERE WATER PROBLEMS,PAINT FALLING OFF THE CELLING,NO FANS OR A.C TEMPRETURE WITH PLASTIC ON/OVER THE WINDOWS MAKES THE DORM LIKE 140 (DEGREES).AND INMATS REFUSE TO LOCK IN CELLS ON 8/17/2009 AND HAD TO SLEEP ON THE GROUND IN THE DAY ROOM.ON AUG 18,2009 AGENT REED SHIELD#207 FROM THE BOARD OF CORRECTION WAS CALLED IN TO SEE THE SITUERATION.AGENT REED SHELDE#207 FROM B.O.C SAW THE CONDITION THAT I JOEL JOHNSON WAS NOT ABLE TO WALK WITH ALL THE WATER ON THE GROUND IN QUAD 1LOWER WITH MY CRUTCHES.I WAS QUESTION BY AGENT REED SHELDE#207 WHY? I WAS PUT BACK IN A CELL LIKE THIS AND NOT AN AFFIRMATIVE HOUSEING.WHILE HOPING WITH MY CRUTCHES AND SPEAKING TO AGENT REED.MY CRUTCHES SLIPPED ON WATER AND I FELL AND REINJURYED MYSELF.

Who did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.RE-INJUREY MORE PAIN DAMAGE TO MY NECK BACK,RIGHT FOOT,SPRAINED LEFT HAND,NUMBNESS,PINS AND NEEDLES,SHARP KNIFING PAIN IN NECK,BACK-PAIN,ACHEING,BURNING,SHOOTING PAIN TO RIGHT-FOOT,NUMBNESS,PINS AND NEEDLES,AFFORDED MY PERSON,CRUTCHES,WHEEL-CHAIR BACK BRACE TO BE MOBILE.MEDICATION'S PRESCRIBED-MORPHINE,15mg 3X's A DAY,TYLENOL #3,2X's,A DAY,AND THEN 3X's A DAY,SIMVASTIN,REMERON-TRAMADOL,AMITRIPTYLINE,METFORMINE,LISINOPRIL,TRAMADOL,ASA,HYDROCHLOROTHIAZIDE. PLEASE SEE EXHIBIT-A.AND FRAGMIN DALTEPARIN SODIUM INJECTION DAILY FOR BEEN IN WHEEL-CHAIR

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes **XX** No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

ANNA.M.KROSS CENTER, QUAD 1 LOWER 18-18 HAZEN STREET, EAST ELMHURST,
NEW YORK, 11370

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes **XX** No Do Not Know

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes **XX** No Do Not Know

If YES, which claim(s)? ON OR ABOUT AUG, 18th, 20th, 21st, 2009

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes **XX** No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No **XX**

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

BOARD OF CORRECTION'S PRISONER RIGHT'S, IN SPECTOR GENERAL

1. Which claim(s) in this complaint did you grieve? ALL STATED ABOVE

2. What was the result, if any? TO AS OF AUG 18, 2009. AGENT REED (JANE DOE) CAME TO MY AID. SHIELD #207 FROM BOARD OF CORRECTION

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. YES, I CALL PRISONER RIGHTS ON MANY OCCASION TO HELP ME TO MOVE TO AN AFFIRMATIVE HOUSING AREA AND THE BOARD OF CORRECTION AS WELL AND THE INSPECTOR GENERAL BEFORE AUG 18. NO ACTION(S) WERE TAKEN TO REMEDY PROBLEMS!

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: N/A

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: THE BOARD OF CORRECTION
AGENT REED (JANE DOE) SH# 207

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. INMATES CALL BOARD OF CORRECTION ON AUG 18, 2009,
AN AGENT REED (JANE DOE) TOOK PICTURE'S OF THE PLACE AND
WHEN I FELL IN QUAD 1 LOWER THAT DAY OF 18 AUG. 2009 AGENT REED
WORK'S FOR THE BOARD OF CORRECTION (212-788-7840).

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I REQUEST FOR THE COURT, TO SEND AN
INVESTIGATOR TO SEEK AND/OR SEARCH QUAD 1 LOWER FACILITIES OF
RIKER'S ISLAND, OR GET ALL THE RECORDS OF ALL DANGEROUS AND
NEGLECTED MAINTENANCE. THAT AGENT REED (JANE DOE) FROM THE BOARD-
OF CORRECTION RECORDED ON THAT DAY, AND THE HAZARD DANGER SHE SAW
ON AUG, 18, 2009. I JOEL JOHNSON B/C# 113-09-00003, SEEK IN MONETARY
COMPENSATION'S THE SUM OF 30 MILLION DOLLARS AND ZERO CENTS,
(THIRTY MILLION DOLLARS AND ZERO CENTS).
I HUMBLE MY SELF ALSO, REQUESTING THAT I BE AFFORDED ALL MEDICAL
NEEDS, AND ANY OTHER FACILITY THAT I MAY BE TRANSFERRED TO, TO
COMPLETE MY SENTENCE.

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☐ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff N/A

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county) N/A

3. Docket or Index number N/A

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit N/A

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13th day of MAY, 2010.

Signature of Plaintiff

Inmate Number

113-09-00003/NYSID#1231687H

Institution Address

1500-HAZEN STREET, EAST ELMHURST
NEW YORK 11370

NORTH INFIRMARY COMMAND, DORM2-A

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 13th day of MAY, 2010 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff

CLAIM AGAINST THE CITY OF NEW YORK

PERSONAL INJURY

This claim must be filed either in person or by registered or certified mail within 90 days from the date of occurrence at the Office of the Comptroller, Municipal Building, Room 1225 1 Centre Street, New York, N.Y. 10007.

To The Comptroller of The City of New York: I herewith present my claim against the City of New York.

TYPE or PRINT INFORMATION

PERSONAL INFORMATION

Name Of Last First Age Date of Birth If Married, Spouse's Name
 Claimant Johnson Joel 34 11/15/74 Married Hennetta Bethel Johnson

Address Number & Street City (Borough) State Zip ; Home Phone
AMKC 18-18 Hazen Street East Flushing NY 11370

ACCIDENT INFORMATION

Date Of Accident 8/18/09 Exact Location Of Accident AMKC located at 18-18 Hazen Street East Flushing NY 11370 on 1st Floor
 Month Day Year

Time 9:00 AM ☒ PM Describe How Accident Happened:
I was forced to live under inhuman conditions for

Was There a Witness to Accident? Yes (1212-788-7840/4) Agent Reid from the Board of Correction & Captain Ruggiero Other Officer
 Give Name, LAST FIRST

Address & Phone No. NUMBER & STREET CITY (BOROUGH) STATE ZIP PHONE
 of Witness () called alot of inmates

Were Police Name Of LAST FIRST BADGE # PRECINCT

Present at Accident ☒ Yes ☐ No Police Officer Agent Reid From the Board of Correction (1212-788-7840 or 7844)

MEDICAL INFORMATION

Where Was First Medical Treatment

Date Of First Medical Treatment: 8/18/2009

Main Medical Clinic Office

Was Claimant Taken to Hospital By Ambulance? ☐ YES ☐ NO: Was Claimant Admitted To Emergency Room? ☐ YES ☐ NO

Name of Hospital: Date of treatment: 8/18/09

Name of Doctor Treating Injury:

Address Of Doctor:

Describe Your Injury In Detail As a result knowing that I could not walk and rein injured my back. Head with alot of head pain, find have to be using a wheel chair sometime to take me from the clinic to my cell and cannot walk on my right foot up to day 12/9/2009 and neck pain

EMPLOYMENT INFORMATION

Status At Time of accident ☐ Employed ☐ Unemployed Amount earned weekly \$

Number of days lost: ☐ Retired \$ Lost (If any)

Employer's Name: Employer's Address:

Your Security #

DOCTOR AND HOSPITAL EXPENSES

Amount of Doctor Bills Submitted ☐ Yes ☐ No: Are Any Hospital Bills If Any Submitted ☐ Yes ☐ No: Amount of \$

Are Bills submitted With Claim ☐ YES ☐ NO: Amount: \$

COMPLETE THIS SECTION IF ACCIDENT INVOLVED NYC OWNED VEHICLE

Was Claimant the Owner of Vehicle ☐ Yes ☐ No: If No: Owner's Name:

Involved in Collision? ☐ Last First

Owner's Address

Was Claimant the Driver ☐ Yes ☐ No: Was Claimant a Passenger? ☐ Yes ☐ No

NYC VEHICLE AND DRIVER INFORMATION

Name of NYC Driver: Last First: NYC License Plate #

Employed By (Provide Name of City Agency)
 D

Signature of Claimant X Joel Johnson As a result I slipped and fell and injured my back 12,000,000.00
 Date: 12/9/2009

STATE OF NEW YORK
 COUNTY OF Brooklyn

I, Joel Johnson being duly sworn deposes and says that I have read the foregoing NOTICE OF CLAIM and know the contents thereof; that same is true to the best of my own knowledge, except as to the matters there stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Signature of If Claimant

Sworn to before me this 12 day of 2009

FRED MILANO
 NOTARY PUBLIC, State of New York
 Reg. No. 01M6008046
 Qualified in Nassau County
 Commission Expires June 1, 2010
 Signature of Notary Public

If Not Settled, You Must Start Legal Action Within One and 90 Days From Date of Accident.

THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION
Anna M. Cross Center
18-18 Hazen Street
East Elmhurst, New York 11370

INMATE VOLUNTARY STATEMENT

Inmate's Name:

Joe Johnson

Date:

8/18/09

Book & Case #:

113-09-00003

Date of Birth:

11/15/74

Age:

34

Housing Area:

143 for 8/17/09 - 8/18/09

I hereby acknowledge that the following written statement issued was made VOLUNTARILY of my own free will without promise of reward, or under any threat of physical harm or fear of such

I Joe Johnson being duly sworn deposes and says I am the inmate in Quad 143 for 48 hrs where this incident occurred on Tuesday 18 of Aug 2009, When I Joe Johnson slipped and fell and re-injuring my back and neck etc. Prior from me falling in Quad lower 14 from a serious water leak that's been running approx (4 months) out of the closet next to cell 142. On that reason High Ranking Depts & Captain says their will be closing lower 14 & 16 to fixed the water leak that runs from the closet into the Dayroom and no inmates will be allow in the area for (2) days. So all inmates will have to transfer to Quad 1 and 3. Nevertheless when I get to Quad 143 it was worse than Quad 14, water was in cell (3) what there give me to stay in flooding the floor. And I had to sleep in the day room, I felt that I was force to live under inhuman condition in 143. On the 18 Day of Aug 2009 Agent Reid from Board of Correction came to location and took picture of the place and her decision was that the place was unliveable and same time she was about to ask me question and water was on the floor and I slipped on the water right in front of Her, High Ranking OFFICE came on the scene.

INMATES SIGNATURE

Joe Johnson

DATE

8/22/2009

WITNESSED BY:

Print Name

Signature

Rank

Shield

NOTE: Oil or water was on the ground the place was in a mess even the Board of Correction Lady (Miss Reid) could not get around properly.

- 1) I Began these 48^{hrs} Ranking 1 Dept 5 + Cap can NOT TO PUT me in Housing Area 143 that night of 8/17/2009-8/18/09
- 2) "Living Conditions was not pleased for me who was already using a CRUTCHES and other inmates to stay in."
- 3) "My Falling could have been avoided if their had take me out when I ask in a very nice way that night!"
- 4) After falling in Q14 Lower I should HAVE NOT PLACE IN Quad Lower 1 and 3 that night

GRIEVANT'S STATEMENT FORM

FACILITY: **ANNA M. KROSS CENTER (AMKC)** GRIEVANCE# _____

GRIEVANT'S NAME Joe Johnson A BAC 113-09-00003

CATEGORY _____ HOUSING AREA 1 and 3 BL DATE 8/17/09 to 8/18/09

All grievances must be submitted within 10 business days of incident and should be handwritten by the grievant only. This sheet should be used as a worksheet from which the grievance is typed onto the "Inmate Grievance Form" and remains filed in the Grievant's folder.

Grievance: The High Ranking Officers Character had no mercy on me Joe Johnson
Dept. Barrette, Dept Ruggiero, Cap Washington, Cap Flaming, Cap Mitchell (#100)
forcing me to live under inhuman conditions in 143 Quad Lower for almost 48
which resulted in me slipping and falling re-injuring my back and neck, et
Agent Reid from Board of Correction was there when I fell and re-injuring my back and etc

Action Requested: I am requesting that this incident be fully
investigated into as to why I was forced to live in
those conditions as a pig and no mercy had been shown to me that
night of 8/17/09 - 8/18/09

Have you filed this grievance with any other Agency or Court? ☒ Yes ☐ No

Have you filed this grievance with the Inspector General's Office? ☒ Yes ☐ No

____ Grievant agrees to have his/her statement edited for clarification by IGRC Staff.

____ I am requesting that the grievance be written for me by the IGRC Staff.